











PERSONAL PROTECTIVE EQUIPMENT

The following equipment is required in this department: _____

TASK	Glasses 	Goggles 	Face shield 	Ear Plugs 	Disposable Res 	Respirator 	Apron 	Gloves 	Shoes 	Overboots 
Clean bathrooms								X Nitrile	X	
Floor Stripping		X						X Nitrile	X	X
Floor Finishing								X Nitrile	X	
Dispensing cleaning products to clean floors, surfaces		X						X	X	
Wet mop floors									X	
Dry mop floors									X	
Clean desks or cafeteria tables								X as needed	X	
Clean white boards								X as needed	X	
Sprinkle ice melt								X as needed	X	
Disturb asbestos containing materials				X		X		X	X	

This certifies that the workplace has been evaluated for chemical and physical hazards in order to determine if personal protective equipment is required.

Signature of person conducting the assessment: _____

Date: _____